

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0158
Expires 12/31/05

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C. 4301-4309.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number: U- **22086**

2. Fiscal Year Covered From:

01 / 01 / 2004 Through **12 / 31 / 2004**

3. Name and address of person filing

Name **JOANNA E MYERS**

4. Name, file number, and address of labor organization

Name **SCREEN ACTORS GUILD**

Labor Organization File Number: **054-596**

P.O. Box, Bldg., Room No., if any

P.O. Box, Building and Room Number, if any

Street: **484 W. 43RD ST APT 17-P**

Street: **5757 WILSHIRE BOULEVARD**

City: **NEW YORK**

City: **LOS ANGELES**

State: **NY**

ZIP Code: **10036-6328** State: **CA**

ZIP Code: **90036**

5. Position in labor organization

NY DIVISION DIRECTOR / ALTERNATE NATIONAL DIRECTOR - TERM EXPIRED 9/04

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions.)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

3. Name and address of Employer (including trade name, if any)

7 a. Nature of Interest: (as salary or income)

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code: + 4

7 b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See this section on penalties in the instructions.)

Signed

Or

Date

Telephone Number

Name of Person Filing

JOANNE E. MYERS

File Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

9 Business deals with

N/A

Name

N/A

Trade Name, if any

N/A

P.O. Box, Bldg. Room No., if any

N/A

Street

N/A

City

N/A

State

N/A

ZIP Code + 4

N/A

a. Labor Organization

b. Trust

c. Employer

10 If 9 b or 9 c is checked give trust or employer's name

11 a Nature of such dealing

Name

N/A

Trade Name, if any

P.O. Box, Bldg. Room No., if any

Street

City

State

ZIP Code + 4

11 b Approximate dollar value of such dealing

0

12 a Nature of interest held or income received

N/A 0

12 b Amount

0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

14 a Nature of payment

Name

N/A

Trade Name, if any

N/A

P.O. Box, Bldg. Room No., if any

N/A

Street

N/A

City

N/A

State

N/A

ZIP Code + 4

N/A

N/A

13 b Is the Business an Employer

a. Consultant

N/A

14 b Amount of payment

0

ATTACHMENT TO 2004 FORM LM-30

| 3 | Name and address of person filing | | | 4 | Name, file number and address of labor organization | | |
|--------|--------------------------------------|-----|------------|--------------------------------|---|-----|-------|
| Name | Joanna | E | Myers | Name | Screen Actors Guild | | |
| Street | 484 W. 43 rd St. Apt 17-P | | | Labor Organization File Number | O54-596 | | |
| City | New York | | | Street | 5757 Wilshire Boulevard | | |
| State | NY | Zip | 10036-6328 | City | Los Angeles | | |
| | | | | State | CA | Zip | 90036 |

| | | | | | | | |
|------------|---|-----|-------|-----|---|--|--|
| A. | Held an interest in, engaged in transactions (including loans with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or actively seeking to represent, | | | | | | |
| 6. | Name and address of Employer (including trade name, if any) | | | 7a. | Nature of interest, Transaction or Income | | |
| Name | Cisco Systems Inc. | | | | 220 Shares traded on NASDAQ | | |
| Trade Name | Cisco | | | | | | |
| Street | 170 West Tasman Drive | | | 7b. | Amount | | |
| City | San Jose | | | | Per 7/29/05 Broker statement Estimated Market Value: \$4.213 Estimated Income: \$0 Estimated Gain: (\$319) | | |
| State | CA | Zip | 95134 | | | | |
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|------------|---|-----|-------|-----|--|--|--|
| A. | Held an interest in, engaged in transactions (including loans with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or actively seeking to represent, | | | | | | |
| 6. | Name and address of Employer (including trade name, if any) | | | 7a. | Nature of interest, Transaction or Income | | |
| Name | LCA Vision | | | | 7 Shares traded on NASDAQ | | |
| Trade Name | Lasik | | | | | | |
| Street | 7840 Montgomery Road | | | 7b. | Amount | | |
| City | Cincinnati | | | | Per 7/29/05 Broker statement Estimated Market Value: \$320.60 Estimated Income: \$3 Estimated Gain: \$291 | | |
| State | OH | Zip | 45236 | | | | |
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|------------|---|-----|-------|-----|---|--|--|
| A. | Held an interest in, engaged in transactions (including loans with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or actively seeking to represent, | | | | | | |
| 6. | Name and address of Employer (including trade name, if any) | | | 7a. | Nature of interest, Transaction or Income | | |
| Name | McData Corp | | | | 3 Shares trade on NASDAQ | | |
| Trade Name | McData | | | | | | |
| Street | 380 Interlocken Crescent | | | 7b. | Amount | | |
| City | Broomfield | | | | Per 7/29/05 Broker statement Estimated Market Value: \$14.49 Estimated Income: \$0 Estimated Gain: (\$114) | | |
| State | CO | Zip | 80021 | | | | |
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